

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/562650**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
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42				/		
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45				/		
46			/			
47			/			
48			/			
49				/		
50				/		
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
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100						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			16			